

GIC Health Plan Rates – Monthly Rates as of July 1, 2009

For THE TOWN OF SWAMPSCOTT ENROLLEES



Commonwealth of Massachusetts
Group Insurance Commission

Active Employees, Retirees, and Survivors *WITHOUT MEDICARE*

Includes 0.33% Administrative Fee



	Employee and Non-Medicare Retiree/Survivor Pays Monthly %	Employee and Non-Medicare Retiree/Survivor Pays Monthly \$	Employee and Non-Medicare Retiree/Survivor Pays Monthly \$
HEALTH PLAN		Individual Coverage	Family Coverage
Fallon Community Health Plan Direct Care	37.5%	\$152.15	\$365.16
Fallon Community Health Plan Select Care	37.5%	\$184.49	\$442.77
Harvard Pilgrim Independence Plan	37.5%	\$197.36	\$477.65
Health New England	37.5%	\$161.67	\$400.72
Navigator by Tufts Health Plan	37.5%	\$194.65	\$469.01
NHP Care (<i>Neighborhood Health Plan</i>)	37.5%	\$156.31	\$414.23
UniCare State Indemnity Plan/Basic <i>with</i> CIC (<i>Comprehensive</i>)	40%	\$307.02	\$716.72
UniCare State Indemnity Plan/Basic <i>without</i> CIC (<i>Non-Comprehensive</i>)	40%	\$292.81	\$683.75
UniCare State Indemnity Plan/Community Choice	37.5%	\$154.23	\$370.15
UniCare State Indemnity Plan/PLUS	37.5%	\$199.67	\$476.50

Retirees and Survivors *WITH MEDICARE*

Retiree and Survivor
Retiree/Survivor Pays Monthly Per Person
(Rates Include 62.5% Medicare B Reimbursement)

HEALTH PLAN	%	\$
Fallon Senior Plan*	37.5%	\$14.81
Harvard Pilgrim Medicare Enhance	40%	\$79.74
Health New England MedPlus	37.5%	\$76.01
Tufts Health Plan Medicare Complement	37.5%	\$60.36
Tufts Health Plan Medicare Preferred*	37.5%	\$ 6.53
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with</i> CIC (<i>Comprehensive</i>)	40%	\$80.94
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without</i> CIC (<i>Non-Comprehensive</i>)	40%	\$76.69

* Rates are subject to federal approval and may change January 1, 2010.

Rates are Calculated by the Town of Swampscott Treasurer's Office.

Rate questions? Call the Treasurer's Office at: 781.596.8852